

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF MICHAEL BAEZ		COURT CASE NUMBER 05-11045-GAO	
DEFENDANT MICHAEL MALONEY, ET AL.		TYPE OF PROCESS CIVIL ACTION	
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN KATHLEEN DENNEHY, COMMISSIONER OF CORRECTION		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 50 MAPLE STREET, SUITE 3, MILFORD, MA 01757		
AT	SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: MICHAEL BAEZ MCI CEDAR JUNCTION PO Box 100 SO. WALPOLE, MA 02071-0100		
		Number of process to be served with this Form - 285	1
		Number of parties to be served in this case	12
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

I believe her work schedule is Mon-Fri, from 9-5pm. MR. MALONEY'S ADDRESS IS UNKNOWN BUT MS. DENNEHY IS HIS REPLACEMENT WITH THE DOC & EMPLOYEE.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

7/23/05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 38	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk Kasey Talavera	Date 8/3/05
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service	Time	am
		pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

Process returned unexecuted. 8/25/05 Kt
 Please see attached letter
 Summons have defendant names to be served to a different person

SE. R. COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

KATHLEEN DENNEHY
COMMISSIONER OF CORRECTIONS
50 MAPLE ST., SUITE 3
MILFORD, MA 01757

A. Signature

X

8/22/5

☒ Agent☐ Addressee

B. Delivery Point

DEPARTMENT OF CORRECTION

CENTRAL HEADQUARTERS

50 MAPLE ST. SUITE 3

MILFORD, MA 01757-3698

D. Is delivery address different from item 1?

If YES, enter delivery address below

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7002 0510 0004 3542 5262

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Postmark
Here

Sent To

KATHLEEN DENNEHY

Street, Apt. No.,
or PO Box No.

50 MAPLE ST, S-3

City, State, ZIP+4

MILFORD, MA 01757

PS Form 3800, January 2001

See Reverse for Instructions

7002 0510 0004 3542 5262



Mitt Romney
Governor

Kerry Healey
Lieutenant Governor

Edward A. Flynn
Secretary

The Commonwealth of Massachusetts
Executive Office of Public Safety
Department of Correction
50 Maple Street, Suite 3

Milford, Massachusetts 01757-3698
(508) 422-3300
www.mass.gov/doc



Kathleen M. Dennehy
Commissioner

James R. Bender
Deputy Commissioner

August 22, 2005

Civil Clerk
U.S. Marshal Service
John Joseph Moakley United States Courthouse
1 Courthouse Way - Suite 500
Boston, MA 02110
Attention: Nancy

Good Afternoon:

Please be advised that our office received service of process for former Commissioner Michael Maloney in an envelope addressed to Commissioner Kathleen Dennehy.

Per your discussion with Bill Saltzman, Department of Correction (DOC) Legal- you had advised that we return the material to your office with a cover letter explaining that it was served in error. Attached please find the referenced documentation.

Sincerely,

Michelle Farrell
Administrative Assistant to the Commissioner
Department of Correction
50 Maple Street
Suite 300
Milford, MA 01757

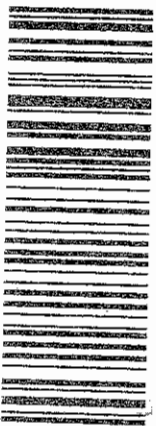
2005 AUG 25 A 1:09
RECEIVED
U.S. MARSHAL SERVICE

U.S. Department of Justice

*United States Marshals Service
District of Massachusetts*

*U.S. Courthouse
1 Courthouse Way, Suite 500
Boston, MA 02210*

Official Business
Penalty for Private Use \$300



7002 0510 0004 3542 5262

KATHLEEN DENNEHY
COMMISSIONER OF CORRECTIONS
50 MAPLE ST, SUITE 3
MILFORD, MA 01757

MAILED
SEP 14 2005
FBI - BOSTON

AO 440 (Rev. 10/93) Summons in a Civil Action

UNITED STATES DISTRICT COURT

District of MASSACHUSETTS

MICHAEL BAEZ

Plaintiff

SUMMONS IN A CIVIL CASE

V.

MICHAEL MALONEY, ET AL.

CASE

C.A. 05-11045-GAO

Defendants

TO: (Name and address of Defendant)

MICHAEL MALONEY (former Commissioner of the Department of Corrections),
50 MAPLE ST., Suite 3
MILFORD, MA. 01757

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

MICHAEL BAEZ, PRO SE
JNCI CEDAR JUNCTION
PO BOX 100
50 WALTON, MA 02071-0100

* or answer as otherwise required by the Federal Rules of Civil Procedure.

an answer to the complaint which is herewith served upon you, 20* days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.



SARAH ALLISON THORNTON

CLERK

DATE

(By) DEPUTY CLERK